



**Liquor Commission**  
**Division of Enforcement & Licensing**  
P.O. Box 1795, 57 Regional Drive  
Concord, NH 03302-1795  
Phone: (603) 271-3521



**REQUEST FOR APPLICATION**

**TYPE OF** 279BG9

**NON REFUNDABLE PROCESSING FEE TO BE MAILED WITH THIS REQUEST:**

**\$100 APPLICATION FEE**

**\$25 FOR LIQUOR & WINE REP ONLY\***

**NO APPLICATION FEE FOR RETAIL TOBACCO ONLY\*\***

**Liquor Commission Use Only**

Control No. \_\_\_\_\_

District (Lic Spec) \_\_\_\_\_

Territory # \_\_\_\_\_

Date Reviewed \_\_\_\_\_ Initials \_\_\_\_\_

SPI Date \_\_\_\_\_

**EIN#** \_\_\_\_\_

**CORP/LLC/LLP NAME** \_\_\_\_\_ **DATE FORMED MM/DD/YY** \_\_\_\_\_

**APPLICANT NAME** \_\_\_\_\_  
LAST FIRST DATE OF BIRTH

**HOME ADDRESS** \_\_\_\_\_  
NO STREET  
CITY STATE ZIP

**TRADE NAME** \_\_\_\_\_

**LOCATION FOR LICENSE** \_\_\_\_\_  
NO STREET  
CITY COUNTY STATE ZIP

**MAILING ADDRESS** \_\_\_\_\_  
NO STREET  
CITY STATE ZIP

**BUSINESS PHONE** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

☐ IS THIS A SINGLE PROP ☐ PARTNERSHIP/LLP ☐ CORPORATION ☐ LLC

IF NON-NH, WHAT STATE CHARTERED IN: \_\_\_\_\_

APPLICANT ☐ OWNS ☐ LEASES ☐ RENTS THE PREMISES

**HAS APPLICANT PREVIOUSLY OWNED/HAD INTEREST IN ANY LIQUOR LICENSE** ☐ YES ☐ NO

IF YES, WHEN \_\_\_\_\_ GIVE LICENSE NO. \_\_\_\_\_ AND NAME \_\_\_\_\_

**I UNDERSTAND THE REQUIREMENT OF TRAINING WITHIN 45 DAYS OF LICENSING. INCOMPLETE APPLICATIONS MAY DELAY LICENSING. AN ACCURATE MAILING ADDRESS WILL ENSURE YOU RECEIVE CRITICAL CORRESPONDENCE AND RENEWAL APPLICATIONS IN A TIMELY MANNER.** I FURTHER UNDERSTAND THAT IF I FAIL TO COMPLY WITH THE TRAINING REQUIREMENT, MY LIQUOR LICENSE WILL BE SUSPENDED 45 DAYS AFTER ITS ISSUANCE AND REMAIN SUSPENDED UNTIL SUCH TIME AS I MEET THE TRAINING REQUIREMENTS. PLEASE CALL (603)271-8531 FOR FURTHER DETAILS OR VISIT US ON THE WEB @ [www.nh.gov/liquor](http://www.nh.gov/liquor)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_ **Lic Specialist Signature** \_\_\_\_\_

ALL OWNERS, PARTNERS, MEMBERS AND OFFICERS MUST BE LISTED

<b>Last Name</b>	<b>First Name</b>	<b>Mr. / Ms.</b>	<b>Maiden Name</b>	<b>Title (Pres., Mbr., etc.)</b>	
<b>Address</b>			<b>State</b>	<b>Zip</b>	
<b>Home Phone</b>		<b>Social Security # /Alien Reg. #</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Race</b>	<b>Date of Birth:</b>	<b>Place of Birth:</b>			
<b>Drivers License #</b>	<b>Height</b>	<b>Weight</b>	<b>Eye</b>	<b>Hair</b>	
<b>Residence over last 10 years outside NH</b>			<b>State</b>	<b>Zip</b>	

<b>Last Name</b>	<b>First Name</b>	<b>Mr. / Ms.</b>	<b>Maiden Name</b>	<b>Title (Pres., Mbr., etc.)</b>	
<b>Address</b>			<b>State</b>	<b>Zip</b>	
<b>Home Phone</b>		<b>Social Security # /Alien Reg. #</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Race</b>	<b>Date of Birth:</b>	<b>Place of Birth:</b>			
<b>Drivers License #</b>	<b>Height</b>	<b>Weight</b>	<b>Eye</b>	<b>Hair</b>	
<b>Residence over last 10 years outside NH</b>			<b>State</b>	<b>Zip</b>	

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